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## 48 HOURS NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL

TODD AKIN FOR CONGRESS

ADDRESS (number and street)

PO BOX 31222

CITY, STATE, and ZIP CODE

ST LOUIS

MO

63131

2. NAME OF CANDIDATE

Hon. Todd Akin

Any information copied from such Reports and Statements may not to be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

4. FEC IDENTIFICATION NUMBER  
C00343475

SIGNATURE(Optional)

DATE  
11/17/2006

**For further information contact:**  
Federal Election Commission  
999 E Street, NW, Washington, DC 20463  
Toll Free 800-424-9530, Local 202-694-1100

**FEC FORM 6**  
(Revised 1/2001)

**FEC FORM 6 - 48 HOUR NOTICE OF CONTRIBUTIONS / LOANS**

(continuation page)

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**Name of Individual, Organization, or Corporation**

<b>Full Name, Address, and ZIP Code</b> Robert Graham 9054 Fair Oaks Crescent Ct  Richmond Heights MO 63117	Name of Employer N/A  Occupation Retired	Date (month, day, year) 11/15/2006	Amount Received this Period 1000.00
<b>Full Name, Address, and ZIP Code</b> Alvin B Jackson P.O. Box 551  Kensington MD 20895	Name of Employer Self  Occupation Owns Jackson Consulting	Date (month, day, year) 11/07/2006	Amount Received this Period 1000.00
<b>Full Name, Address, and ZIP Code</b> Joan F Langenberg 33 Waldron St  Marblehead MA 01945	Name of Employer Self  Occupation Writer	Date (month, day, year) 11/15/2006	Amount Received this Period 2100.00
<b>Full Name, Address, and ZIP Code</b> Joan F Langenberg 33 Waldron St  Marblehead MA 01945	Name of Employer Self  Occupation Writer	Date (month, day, year) 11/15/2006	Amount Received this Period 2100.00
<b>Full Name, Address, and ZIP Code</b> Tom R Jr Potter 958 Tirrill Farms Rd  Ladue MO 63124	Name of Employer Self  Occupation Investments	Date (month, day, year) 11/15/2006	Amount Received this Period 2100.00
<b>Full Name, Address, and ZIP Code</b> Stephen R Smith 1158 Dutch Hollow Dr  Chesterfield MO 63017	Name of Employer Western Anesthesiology  Occupation Anesthesiologist	Date (month, day, year) 11/07/2006	Amount Received this Period 1000.00
<b>TOTAL THIS PERIOD (last page only)</b>			<b>9300.00</b>